



MISSOURI

DIVISION OF MEDICAL SERVICES

Volume 26 Number 2

<http://www.dss.mo.gov/dms>

March 4, 2004

PHARMACY BULLETIN

Provider Bulletin News: Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. <http://www.dss.mo.gov/dms/pages/bulletins.htm> Please note new website address.

Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

Missouri Medicaid News: Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

Table of Contents

	Page
MC+ MANAGED CARE	1
CONTINUED PHARMACY PROGRAM CLINICAL ENHANCEMENTS–PREFERRED DRUG LIST	1
DIABETIC SUPPLIES – SINGLE SOURCE – POINT OF SALE BILLING	2
MEDICAID SPECIFIC NATIONAL DRUG CODES	2
EXCEPTIONS PROCESS CLAIMS	3
PREPAYMENT REVIEW	3
CLAIM INTEGRITY FOR PHARMACY PROVIDERS	4
CONTINUED PHARMACY PROGRAM CLINICAL ENHANCEMENTS.....	4
CLARIFICATION OF COPAY REQUIREMENTS FOR PHARMACY SERVICES	5

MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

CONTINUED PHARMACY PROGRAM CLINICAL ENHANCEMENTS–PREFERRED DRUG LIST

The Missouri Medicaid Pharmacy Program is continuing to ensure economic and efficient provision of the Medicaid pharmacy benefit with ongoing clinical edits. This process will be enhanced with the addition of a Preferred Drug List (PDL), including supplemental rebates from drug manufacturers. The Division of Medical Services (DMS) has contracted with First Health

Services Corporation to facilitate the PDL. Point-of-Sale pharmacy claims will continue to be routed through predetermined criteria standards to review drug therapies prior to payment. These edits are built upon evidence-based clinical criteria and available nationally recognized peer-reviewed information. The list of products included in the clinical editing process will continue to evolve, as additional products are identified for appropriate clinical and fiscal limitations. As the PDL process is fluid, providers are encouraged to frequently refer to the current list of medications impacted by edits, along with the system approval criteria posted on the DMS website: www.dss.mo.gov/dms. This website contains edit criteria basics, implementation schedules, and other pertinent information concerning the Pharmacy Program.

First Health Services Corporation will soon offer the Missouri Medicaid Preferred Drug List to providers via web portal access to the ePocrates Rx® PDA Solution. For more information regarding the ePocrates Rx® Solution, visit www.epocrates.com.

DIABETIC SUPPLIES – SINGLE SOURCE – POINT OF SALE BILLING

In an effort to promote patient blood glucose testing, while also minimizing state expenditures, Missouri Medicaid has recently selected the Precision Xtra® Advanced Diabetes Management System as the preferred blood glucose monitor; and the Precision Sure-Dose® Insulin Syringe as the preferred syringe for recipients with diabetes.

Effective March 6, 2004, Precision Xtra® Advanced Diabetes Management System, Precision Xtra® blood glucose test strips, Precision Xtra® blood ketone test strips, and Precision Sure-Dose® insulin syringe will be the only brand Missouri Medicaid fee-for-service will cover without prior authorization. To obtain a non-reference product, prior authorization for other brands will be reviewed on an individual patient basis and evaluated for medical necessity. The authorized prescriber may request prior authorization by calling the Pharmacy Help Desk at 800-392-8030, or by faxing the Diabetic Supplies Prior Authorization Form to 573-636-6470.

Medicare eligible patients will not be affected by this change, as their diabetic supplies are reimbursed by Medicare.

All diabetic supplies will now be reimbursed through the Pharmacy Program, via Point-of-Sale system or on a pharmacy paper claim form. DME-only providers may also continue to bill for diabetic supplies, but will now be required to bill on a pharmacy paper claim form. These supplies will no longer be reimbursed through the DME program. Pharmacy paper claim forms and important detailed information regarding diabetic supplies are available on the Medicaid website: www.dss.mo.gov/dms.

Please note that insulin pumps and pump supplies will continue to be available only through a Prior Authorization process, using the new “Diabetic Supplies Prior Authorization Form,” also available on the above website. Providers must fax this form to the Medicaid Pharmacy Help Desk at **573-636-6470** for review.

MEDICAID SPECIFIC NATIONAL DRUG CODES

To prepare for the mandatory implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards, DMS has replaced many state specific Level III codes. HIPAA mandates that states allow providers to bill for services using the standard code sets. As a result, local Medicaid specific codes 88888-8888-02 and 99999-9999-99 will no

longer be accepted as the National Drug Code (NDC) number for claims submitted to the Missouri Medicaid Pharmacy Program. Claims for compounds and over-the-counter drug products will require the billing of the appropriate NDC for a valid claim submission.

EXCEPTIONS PROCESS CLAIMS

It is anticipated that system enhancements affecting the Exceptions Process Program will be implemented near the end of the first quarter calendar year 2004. Medicaid providers affected by these changes will be notified shortly before this change is effective.

Once these enhancements are implemented, the Exceptions Process Program will no longer allow the use of local Level III codes (primarily durable medical equipment) for Medicaid services approved through the Exceptions Process. For billing purposes, the use of local codes Y9277, Y9288, and Y9271 will not be acceptable. When these changes become effective, providers will be required to submit claims utilizing the appropriate Health Care Procedure Coding System (HCPCS) code for the approved item along with an invoice of cost (when required). The 2004 version of HCPCS has been implemented in the Medicaid Durable Medical Equipment (DME) program.

The service modifier "UB" must be included on the claim to identify the item or service as an Exceptions Process service. Type of service is no longer a valid code set under HIPAA standards. Once the system changes are completed, billing an exception claim with types of service will result in claim denials. The service modifier "NU" will replace type of service "A". The service modifier "RR" will replace type of service "T". Exception Process claims will continue to be manually priced by DMS staff.

Claims submitted for approved Exceptions Process items must be mailed to the address below. Providers should note the following address change for claims submissions to the Exceptions Process:

Verizon Information Technologies, Inc.
P.O. Box 5600
Jefferson City, MO 65102-5600

PREPAYMENT REVIEW

Due to the high number of unit billing errors submitted by providers, the Missouri Medicaid Pharmacy Program placed certain drug products on prepayment review. Prepayment review is a process by which all claims for these products will be reviewed for unit quantity and day supply accuracy prior to payments being processed. Submissions of claims for these products follow all normal procedures; however the claim will not immediately pay at the Point-of-Sale (POS). Instead, these claims will post as "captured" until they are reviewed; if the claim is billed accurately, payment will then be processed. Providers can expect an approximate 2 to 4 day delay in payment processing for these claims. For specific questions concerning these prepayment review drug products and their claims payment status, contact the Pharmacy Administration Unit, at (573) 751-6963.

The following drug products are on prepayment review:

Drug Name	Generic Name	Strength	Pack Size	NDC
Neupogen	Filgrastim	180mcg/1.6mL	1.6mL	55513-0546-01
Neupogen	Filgrastim	180mcg/1.6mL	1.6mL	55513-0546-10
Neupogen	Filgrastim	300mcg/mL	1 mL	55513-0530-01
Neupogen	Filgrastim	300mcg/mL	1 mL	55513-0530-10
Neupogen	Filgrastim	300mcg/.5mL	0.5mL	55513-0924-01
Neupogen	Filgrastim	300mcg/.5mL	0.5mL	55513-0924-10
Neupogen	Filgrastim	480mcg/0.8mL	0.8mL	55513-0209-01
Neupogen	Filgrastim	480mcg/0.8mL	0.8mL	55513-0209-10
Neulasta	Pegfilgrastim	6mg/0.6mL	0.6mL	55513-0190-01
Aranesp	Darbepoetin Alfa	60mcg/0.3mL	0.3mL	55513-0039-01
Aranesp	Darbepoetin Alfa	60mcg/0.3mL	0.3mL	55513-0039-04
Aranesp	Darbepoetin Alfa	100mcg/0.5mL	0.5mL	55513-0041-01
Aranesp	Darbepoetin Alfa	100mcg/0.5mL	0.5mL	55513-0041-04
Copaxone	Glatiramer Acetate	20mg	1 kit	00088-1153-30

CLAIM INTEGRITY FOR PHARMACY PROVIDERS

As previously mentioned, it is the responsibility of each provider to ensure the accuracy of all data transmitted on claims submitted to the Medicaid programs, regardless of the media utilized. As provided in 13 CSR 70.3.030, sanctions may be imposed by the Medicaid agency against a provider for failure to take reasonable measures to review claims for accuracy. Billing errors including but not limited to incorrect ingredient indicators, quantities, days supply, prescriber identification, dates of service, and usual and customary charges, caused or committed by the provider or their employees are subject to adjustment. This includes but is not limited to, failure to review remittance advices provided for claims resulting in payments that do not correspond to the actual services rendered. Ongoing, overt or intentionally misleading claims may be grounds for allegations of fraud and will be appropriately pursued by the agency.

CONTINUED PHARMACY PROGRAM CLINICAL ENHANCEMENTS

The Missouri Medicaid Pharmacy Program continues to implement administrative and clinical edits to ensure economic and efficient provision of the Medicaid pharmacy benefit. Using predetermined standards; POS pharmacy claims are being routed through an automated computer system to review drug therapies to screen each claim prior to payment. These edits are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The current proposed edit implementation schedule is available on our website at www.dss.mo.gov/dms. Edit specific authorization request forms for all pharmacy edits, including edit overrides, clinical edits, and prior authorizations, will be available on our website near the end of the first quarter calendar year 2004. These edit requests will continue to be processed by calling the Pharmacy Help Desk at 800-392-8030, or by faxing the appropriate form to 573-636-6470.

CLARIFICATION OF COPAY REQUIREMENTS FOR PHARMACY SERVICES

As provided in 13 CSR 70-4.051, all Medicaid-eligible recipients shall be responsible for a co-payment (shared dispensing fee) upon receipt of each original or refilled prescription, unless the service is an exempted service. Services exempted from the co-payment requirement for drugs are:

- Services to recipients under nineteen (19) years of age
- Services to recipients residing within a skilled nursing home, an intermediate care nursing home, a residential care home, an adult boarding home, or a psychiatric hospital
- Those drugs specifically identified as relating to family planning services (oral contraceptives)
- Those drugs which are prescribed and identified as relating to an Early Periodic Screening, Diagnosis and Treatment (EPSDT) program screening or referral service
- Those drugs prescribed for foster care children.

Provider Communications**(800) 392-0938****or****(573) 751-2896**